

**OUR LADY OF LOURDES SCHOOL  
EMERGENCY INFORMATION PreSchool – 8<sup>th</sup>  
2018-2019**

(THIS FORM WILL BE USED AS A RELEASE FOR IN TOWN FIELD TRIPS.)

**\*\*Parents are responsible for notifying the school immediately if any of the information below changes during the year.**

IT IS UNDERSTOOD THAT THE PARENT/GUARDIAN WILL ASSUME PAYMENT OF MEDICAL BILLS.

CHILD'S NAME \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

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Please indicate name of parent/guardian to contact First in event of illness or emergency \_\_\_\_\_

Mother/Guardian  
Name \_\_\_\_\_  
Please check number to call first.

Father/Guardian  
Name \_\_\_\_\_  
Please check number to call first.

\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY OR WHO MAY TAKE CHILD(REN) FROM SCHOOL. CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANYONE NOT ON THIS LIST.

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**\*\*PLEASE NOTE ON THE BACK SIDE IF YOUR CHILD HAS ANY HEALTH PROBLEMS OR ALLERGIES THE SCHOOL NEEDS TO BE AWARE OF.**

**\*\*A COURT ORDER MUST BE GIVEN TO THE SCHOOL OFFICE IF THERE IS ANY CIRCUMSTANCE WHERE A PARENT MAY NOT PICK UP A STUDENT FROM SCHOOL.**

**I GIVE MY PERMISSION FOR THE SCHOOL PRINCIPAL OR PERSON IN CHARGE TO OBTAIN EMERGENCY MEDICAL TREATMENT FOR THE ABOVE NAMED CHILD(REN) IF NO IMMEDIATE FAMILY MEMBER OVER AGE 18 YEARS CAN BE REACHED.**

DATE \_\_\_\_\_ PARENT/GUARDIAN NAME (PRINT) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

Chronic Illness (Disability) \_\_\_\_\_

Allergies (Other) \_\_\_\_\_

Does student have a condition that requires medication? \_\_\_\_\_

If yes, is there a medical authorization form on file in the school office? \_\_\_\_\_

Does the student have a physical condition that limits participation in the Classroom\_\_\_\_or Physical  
Education\_\_\_\_? Please explain \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

Chronic Illness (Disability) \_\_\_\_\_

Allergies (Other) \_\_\_\_\_

Does student have a condition that requires medication? \_\_\_\_\_

If yes, is there a medical authorization form on file in the school office? \_\_\_\_\_

Does the student have a physical condition that limits participation in the Classroom\_\_\_\_or Physical  
Education\_\_\_\_? Please explain \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

Chronic Illness (Disability) \_\_\_\_\_

Allergies (Other) \_\_\_\_\_

Does student have a condition that requires medication? \_\_\_\_\_

If yes, is there a medical authorization form on file in the school office? \_\_\_\_\_

Does the student have a physical condition that limits participation in the Classroom\_\_\_\_or Physical  
Education\_\_\_\_? Please explain \_\_\_\_\_

In case of our community is faced with an emergency evacuation, please provide us with the following information:

Emergency email not listed on the front \_\_\_\_\_

Emergency phone number not listed on the front \_\_\_\_\_